

APPLICATION INFORMATION

Application number::

Filing Date::

Application Type::

Title::

Continuation

OPTIMIZATION OF A COMMUNICATIONS SYSTEM
BASED ON IDENTIFICATION OF AN OPTICAL
MEMBER

Attorney Docket Number:: 9-13528-85us-1

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Total Drawing Sheets:: 6

Small Entity?:: NO

Petition included?:: NO

Secrecy Order in Parent Appl.?:: NO

INVENTOR INFORMATION

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: CANADA

Status:: FULL CAPACITY

Given name:: KIM

Middle name:: B

Family name:: ROBERTS

Name Suffix::

City of Residence:: NEPEAN

State or Province of Residence:: ON

Country of Residence:: CANADA

Street:: 10 MISSION INN GROVE

City:: NEPEAN

State or Province:: ON

Country:: CANADA

Postal or Zip Code:: K2R 1C6

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: CANADA

Status:: FULL CAPACITY

Given name:: MAURICE

Middle name:: S

Family name:: O'SULLIVAN

Name Suffix::

City of Residence:: OTTAWA

State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street:: 24 JULIAN AVENUE

City:: OTTAWA
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K1Y 0S5

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: PAUL
Middle name:: A
Family name:: WARREN
Name Suffix::
City of Residence:: NEPEAN
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street:: 5 CALAIS COURT

City:: NEPEAN
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K2E 7E1

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: LES
Middle name:: C
Family name:: CHAN
Name Suffix::
City of Residence:: NEPEAN
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street:: 321-1130 MEADOWLANDS DRIVE

City:: NEPEAN
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K2E 6J1

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
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E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
09/481,691			01/12/200
			MM/DD/YY
			MM/DD/YY
			MM/DD/YY